

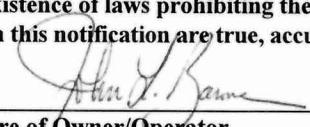
# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification #																													
<b>I. Type of Notification</b> (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																																
<b>II. Facility Description</b> Building Name: _____ Address: 1411 Broadway City: New York State: NY Zip Code: 10018 County: New York Site Location: North Mezzanine Building Size (square feet): 1228044 # of Floors: 39 Age in Years: 45 Present Use: Commercial Prior Use: Commercial																																
<b>III. Type of Operation</b> (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																																
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																
<b>V. Facility Information</b> <b>Owner Name:</b> IC-SIC Property LLC Address: 1411 Broadway City: New York State: NY Zip Code: 10018 Contact: Neal Troiano Telephone: (212) 840-7220 Fax: _____ <b>Removal Contractor Name:</b> Abatement Unlimited, Inc. Address: 4332 Bullard Avenue City: Bronx State: NY Zip Code: 10466 Contact: John Barone Telephone: (718) 994-1374 Fax: (718) 994-3793 <b>Other Operator (demolition/general):</b> _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ( ) _____ Fax: _____																																
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b> Asbestos survey performed by CTSI.																																
<b>VII. Approximate Amount of Asbestos Materials:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td style="text-align: center;">200</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)	0					Surface Area (square feet)	200					Facility Components (cubic feet)					
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<b>VIII. Scheduled Dates Demolition or Renovation:</b> Start: _____ Complete: _____																																
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b> Start: 04/20/16 Complete: 06/30/16																																
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																									
Hours of Operation:	6pm-2am	6pm-2am	6pm-2am	6pm-2am	6pm-2am																											

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<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:</b> Renovation of North Mezzanine - service hall		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b> Wet removal with engineering controls.		
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>Vandan Disposal</u> Address: <u>1009 Glen Cove Avenue</u> City: <u>Glen Head</u> State: <u>NY</u> Zip Code: <u>11545</u> Contact: <u>Vito Pesce</u> Telephone: <u>(718)991-2828</u> <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: <u>( )</u>		
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>Minerva Enterprises</u> Address: <u>9000 Minerva Road</u> City: <u>Waynesburg</u> State: <u>Ohio</u> Zip Code: <u>44688</u> Contact: _____ Telephone: <u>(330) 866-3435</u>		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b> Clean-up using HEPA vacuum and wet wiping.		
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b>  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Signature of Owner/Operator</div> <div>_____ Date</div> <div>_____ Type or Print Name and Title</div> </div>		
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b>  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>                   _____                  Signature of Owner/Operator             </div> <div> <u>04/06/16</u>                  Date             </div> <div> <u>John L. Barone, Senior Project Manager</u>                  Type or Print Name and Title             </div> </div>		